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Application Number	10/0660,678
Filing Date	07-06-2002
First Named Inventor	IAN NIELLO
Art Unit	3673
Examiner Name	Shackelford
Attorney Docket Number	29641-178360

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Peter J. Ianniello

Name

Peter J. Ianniello

Date

07-13-05

Telephone 410-937-2687

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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Application Number	10/10061678
Filing Date	02-06-2005
First Named Inventor	Peter Janniello
Art Unit	3673
Examiner Name	Shuckelford
Attorney Docket Number	29641-178360

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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